

**TOWN OF AMHERST  
PARKING TICKET APPEAL  
4 Boltwood Avenue  
Amherst, Massachusetts 01002  
(413) 256-4020**

ALL APPEAL REQUESTS MUST BE RECEIVED WITHIN 21 DAYS OF TICKET ISSUANCE

Name \_\_\_\_\_ Ticket Number \_\_\_\_\_

Street \_\_\_\_\_ Date Issued \_\_\_\_\_

City \_\_\_\_\_ St\_\_\_\_ Zip \_\_\_\_\_ State / Plate # \_\_\_\_ / \_\_\_\_\_

Owner of Vehicle:

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ St\_\_\_\_ Zip \_\_\_\_\_

Please print or write clearly your reasons and submit all supporting documents for this appeal:

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My signature affirms that all the above information is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Parking Enforcement Comments:

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